3683

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Charles
Charles MARYLAND	Jana.	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	OR TOWN ISSAUL.	e nearest town)
HOSPITAL OR	TOWN 1/13926. STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type of Time)	1 N in 9 tor DEATH April 18. DATE OF BIRTH 19. AGE last hirthday I If under	1937
temale negro WIDOWED, DIVORCED, (Specify).	? 1892 3-9? yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life eyem if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY? US A.
13. FATHER'S NAME Luch Henson	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	annee venny	
(Yes, no, or unknown) (H year, give war or dates of service)	Marullus Dunmagton Gr	szák, ma
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Cardio-vasc	ular accident	3 hours.
443x Antecedent cause(s)	-, senle sclerois	Uncara
Diseases or conditions, if any, (b)	- James o Convers	species.
stating the underlying cause last (c) Con certuic	faulure	20days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	e-	20. AUTOPSY?
None		Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE TO THE SPECIF (Specify) SUICIDE TO THE SPECIF (Specify	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
- 11	1.01 14/20 1	+
22. I hereby certify that I attended the deceased from Z! Man	24, 19.3, to	aw the deceased
alive on 13 Amil., 19.5/., and that death occurred at	12.15 a.m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
COULD OUT . M.D. h	a recura, ela.	Yopin's 1
201 17011134111	RY OR CREMATORY LOCATION (City, town, or count	md (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/16/5-1 Julia H. Jasey	Jenny + Coper Mason offer	you ma
	// //	Admin

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

3684

CERTIFICATE OF DEATH

Reg. Dist. No. 100

/		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	010
COUNTY Charles MARYLAND	Maryland	Mariez.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN REPORT (COLUMN IN TOWN IN TOWN	TOWN Runal.	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS For queson term	relcome. Ud
STREET ADDRESS		
3. NAME OF (First) (Middle) DECEASED FIGURE TILL WOLF TILL	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) L WARDEIN ROSE 12	DEATH APRIL	27 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARNIED, WIDOWED, DIVORCED, (Specify)	24 July 1875 75 yrs. Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) INDUSTRY Now.		COUNTRY? USA
13. FATHER'S NAME (3) Roberts	San Jane Lyon	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. pager unknown) (If year, give war or dates of service)	For Nevel Ter gusson.	
18. MEDICAL CEI	PTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	all location	ONSET AND DEATH
Como Than	1 - 1	2 000
Immediate cause (a) Coronan Imm		- Language
Antecedent cause(s)		,
Diseases or conditions, if any, (b) Sanile arter	oscleusis	44eau.
140 giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
nne		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, lactory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY None m. Work At work		
22. I hereby certify that I attended the deceased from	, 1947., to 24 April, 1957., that I last s	aw the deceased
alive on 23 Amil., 1951, and that death occurred at	11:30 a.m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Solvooddy, M.D.	Lallata. Ild. p 2	4 April 51.
REMOVAL (Spority) It 171- [] 20+ IF	RY OR CREMATORY LOGATION City, town, or count	y) (State)
7 20 31 1711 100 21	24. VUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A A THE MAIN	ADDRESS
7/25/51 Julis H. Vasey	1 July 17 grant ou	7
1 / /		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BUREAU V. S.

correct

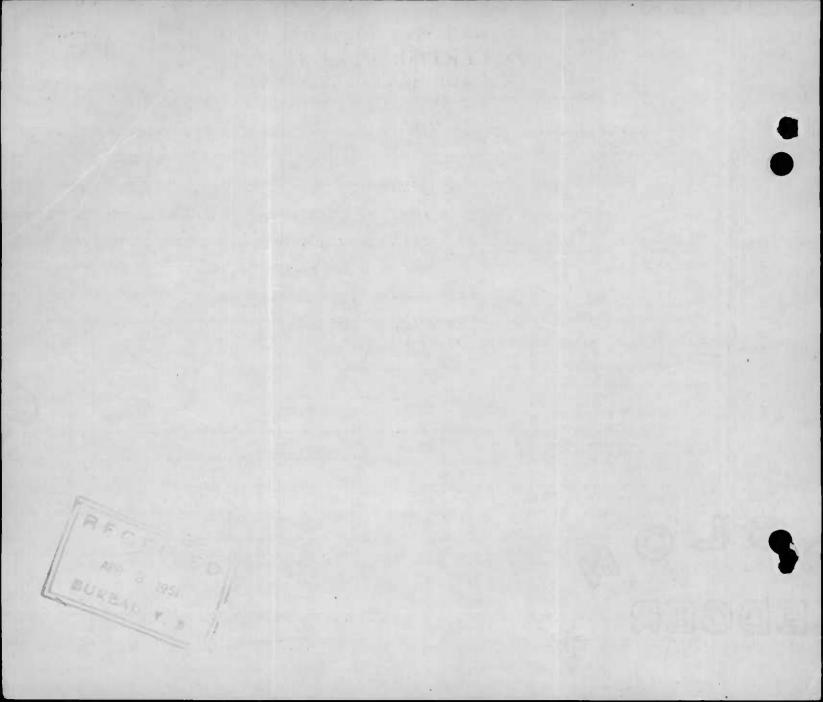
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3685

Reg. Dist. No. 100 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE MARYLAND OR give nearest town) CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED andall (Type or Print) DEATH 19-51 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE last birthdev If under 1 year | If under 24 hrs. Months | Days | Hours | Min. WIDOWED, DIVORCED, male (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? USA INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) 5 day Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deeth. 19e. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry of thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes occident . suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED DATE THEREOF 23, BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS REG.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 100

3686

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
(Karlla MARYLAND	ma. case.
CITY (If outside corporate limits, write RURAL and OR give nearest town) Mt. (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle)	(Month) (Day) (Year)
(Type or Print) Zackeriah	Filton DEATH april 25 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WHOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs 4-4-1932 9 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of forking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Helton	Elizabeth Ford
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of 220 - 28 - 7307	John Hellow, Mr. Vulori md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
11 11 12 12 12 12	of Calulian 1 11- F. C.
Immediate cause (a)	1-1-1-1-1
830. / Antecedent cause(s)	
Diseases or conditions, if any, (b)	left fermed - mailed 3-28.51
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.), street, INJURY	At ictoris Chas has.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 2 -	Ken over by tractor
	7 - 1/ 10- /-
2 6 2 61	19.1., to 4, to 4, 19.1., that I last saw the deceased
alive on	ADDRESS DATE SIGNED
Ludelen M.1)	Larlata ha 4.27-V,
23. BURIAL, CREMATION DATE REMOVAL (Specify) 4-28-5-1 NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/27/6/	24. FUNERAL DIRECTOR ADDRESS
- 1101/1 Julia N. Julia	Mary warry many
	820105



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3687

Reg. Dist. No. 100

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	Maryland Mailes
OR give nearest town)	OR CITY (If outside comporate limits, write RURAL and give nearest town)
TOWN da lala 9 dans	TOWN Jomospusvelle
HOSPITAL OR INSTITUTION OR A	STREET (If tural, give location)
STREET ADDRESS Hypurona //emma 1849us	11
3. NAME OF DECEASED (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JOHN LAHIPENCE	JACASON DEATH HI1/1/12 8 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 2. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.
M. WIDOWED, DIVORCED, (Specify) Divorced	Jeb. 14 1866 80 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done-during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
merchant for, meriman	& Charles Co. Maryland O. S.T.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Johan Jackson	mollie Jamesson
15. Was Deceased Even In U.S. Armed Forces? 16. Social Security No. (Yes, 20, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
service) None	Sansson Jackson
A 18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LANDING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	die die die
Immediate cause (a) Ireleval	Junovillage T-1-5/
41424 11424 11424	1 46 0
Antecedent cause(s) Diseases or conditions, if any, (b)	users weart Tiscone 7-10.49
934 giving rise to the above cause	The second secon
Color Building the underlying cause tast	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	l 20. AUTOPSY?
AND DELLE OF OTTALLE OF THE PROPERTY OF THE PR	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.)	(COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	now bid injuri occor:
INJURY m. Work At work	
22 I hereby certify that I attended the deceased from 2 - 10	1949, to 4 - 8 , 195 , that I last saw the deceased
	1
alive on	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
T. I Colelens to	1. Vallate Met to 1005
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
REG.	
	24. FUNERAL DIRECTOR ADDRESS
- 1/10/31 July A) Variety	Loud Tryon Woldon Ma
- Molst Julio Al Caser	Loud Tryon Woldon Wil



CERTIFICATE OF DEATH

3688 g. Dist. No.

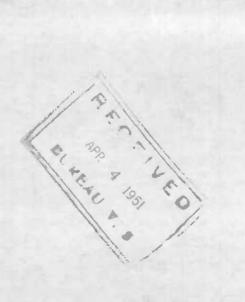
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The	1. PLACE OF DEATH- COUNTY (harles) MARYLAND //	2. USIIAL RESIDENCE (HOME) OF DECEASED COUNT	Y Charles
11y.	CITY (If outside corporate limits, write RURAL and WGTH OF ST	V CITY (If outside compants limits write DIVDAY and at	ve nearest town)
arefully legibly.	TOWN String of ill 1/10 11/1/		*
00	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
formation clearly an	3. NAME OF (First) (Middle) DECEASED (Type of Print) Cost	S(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
nform h clea	6. SEX F 6. COLOR OR RACE 7. SUIGHD MARKED, WIDOW D. NORMED (Specify) Walow	Months	I year If under 24 hrs. Days Hours Min.
deat	10a. USUAL OCCUPATION Live kind of work done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT
very iten	13. FATHER'S NAME	11. NOTHER'S MADEN NAME	7,7,50
very	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	2.1
y ev	(Yes, not by unknown) (If yes, give way or dates of service)	Rosalie Walters Dans	heter
ply e tl	18. MEDICAL	CERTIFICATION	
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
INK. please		THROM BOSIS	3 Days
-	Antecedent cause(s) HYPERTE	SION - UASCULAR DISEAS	
NG	7 4 4 giving rise to the above cause		
Di	7 4a stating the underlying cause last		
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.		
nt.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
H. est			Yes No
WHPH	21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
LAINLY, WHPH U especially important.	TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
PLAINLY s especially	22. I hereby certify that I attended the deceased from33	o, 1951., to 4-1, 1951, that I last a	saw the deceased
TE P	alive on 4-/ 1951, and that death occurred a	t. 4. P. m., from the causes and on the date si	tated above.
RIT	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WRI	Emes & flower of hy	D. Bul allon	had
ASE		TERY OR CREMATORY LOCATION (City, town, or country)	(State)
PLE	DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE REG 7 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Fund Ryon Halo	lay and
			7

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

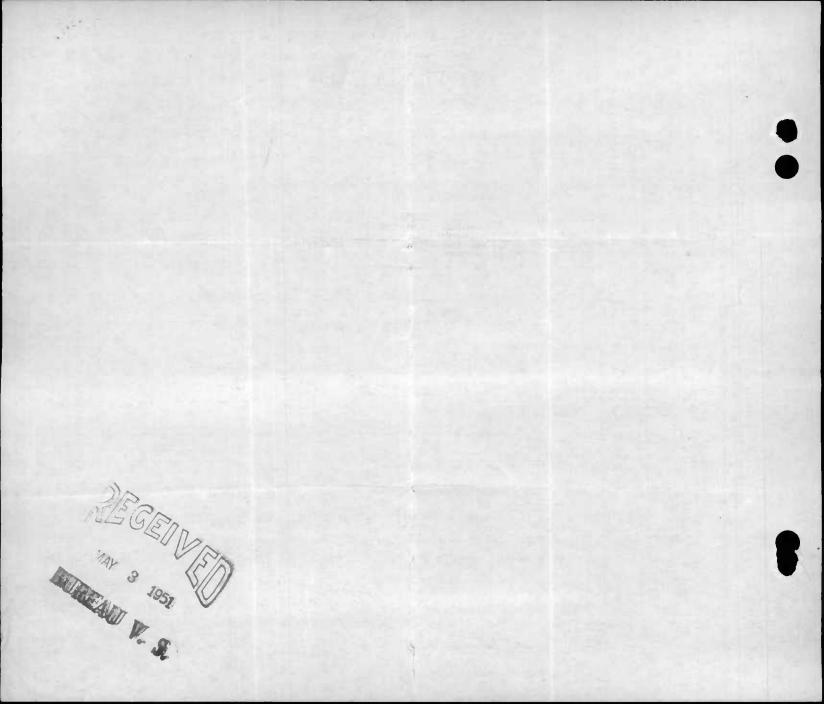
2411 N. Charles Street, Baltimore

3689

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH- COUNTY Charles MARYBAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Charles
CITY (II outsid dorpora Dimits, write RURAL and LENATH OF STAY OR give nealest town Lata Mo this place)	CITY (If outside corporate funite, write RURAL and give OR TOWN	_
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (Middle) 7. (Middle)	Watthows 4. DATE (Month) OF DEATH 4 -	(Day) (Year) 29 19 57
6. COLOROR RACE 7. SINGLE, MATRIED, WIDOWED, DIVORCED,	72-1000 JUN.	year If under 24 hrs. Days Hours Min.
17. USUA, OCCUPATION (Give kind of work 10b. Kind of Business on Industry most of Saking its even if retired) INDUSTRIES	11. BIRPHPLACE (State of Oreign country) 12.	COUNTRY? SAAT
13. FATTER'S NAME Bruce Matthews	Haunel Truman Da	set
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no expanence) (If yes, give war of detes of service)	Bruce Matthews	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cubyul	Lyonhay	INTERVAL BETWEEN ONSET AND DEATE 3-2-5(4-18-5(
33 (X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Aclerosis	1948
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-2	, 19 1, to 4- 29, 19 1, that I last sa	w the deceased
signaturi (Degree or title)	ADDRESS from the causes and on the date sta	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) May 1-51 Mt (1-57	RY OR CREMATORY LOCATION (Chrystown, or count	y) W (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) REG. 1/20/5-/	24 EUNERAL DIRECTOR Ry on Hal	dory mo
	0 10	0100



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CEDITEICATE OF DEATH

CERTIFICAT	Reg. Dist. N	0. 200
1. PLACE OF DEATH COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y Chas
CITY (If outsite berporate limits, write RURAL and LENGTH OF STAY OR give nearly town lala with (in this place)	CITY (II outside corporate limits, write RURAL and girlown Compret M	ve nearest town)
HOSPITAL OR INSTITUTION OR Physe Meury tropital	STREET (If rural, give location)	
3. NAME OF DECEASED (Middle) (Type or Print) Pichard	Moore 4. DATE (Month) OF DEATH 4	(Day) (Year) 2-6 1957
6. COLOR OR RACE 7. SINGLE, MARKETO, WIDOWED, DIVORCED, (Specify)	The Ville	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during fost of working file, even if retired) where the state of the state o	White Have My.	Countil & WHAT
13. FATHER'S THE	Wygnown	1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, wurknown) (If yes, give we produces of service)	dawrence thoore	low
18. MEDICAL CI	ERTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Corchel W	Lange Be - P	4-25-5-1
331X Immediate cause (a)	and many	9-2-3-7
Antecedent cause(s)	Melana	1948
Diseases or conditions, if any, (b) Nem . Conditions, if any, giving rise to the above cause	91101-1-1010-1-1010-1-1010-1-1010-1-1010-1-1010-1-1010-1-1010-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		M. a
Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg,, etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
19.10	U. 2/ial	
22. I hereby certify that I attended the deceased from 1.7.4.	, 19, to 4-26, 1957., that I last	saw the deceased
alive on 4-26 / 1964 and that death occurred at		tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(- Ve - 100 -) 17	A att at his 4	4-1/7,51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETY REMOVAL (Specify)	YY, OR CREMATORY LOCATION (City, town, or coun	ity) State)
DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4/27/5-1 Julia H. Varen	Stutt Tyon the	redogund
	0 1/1/1	JUVIE
	VVV	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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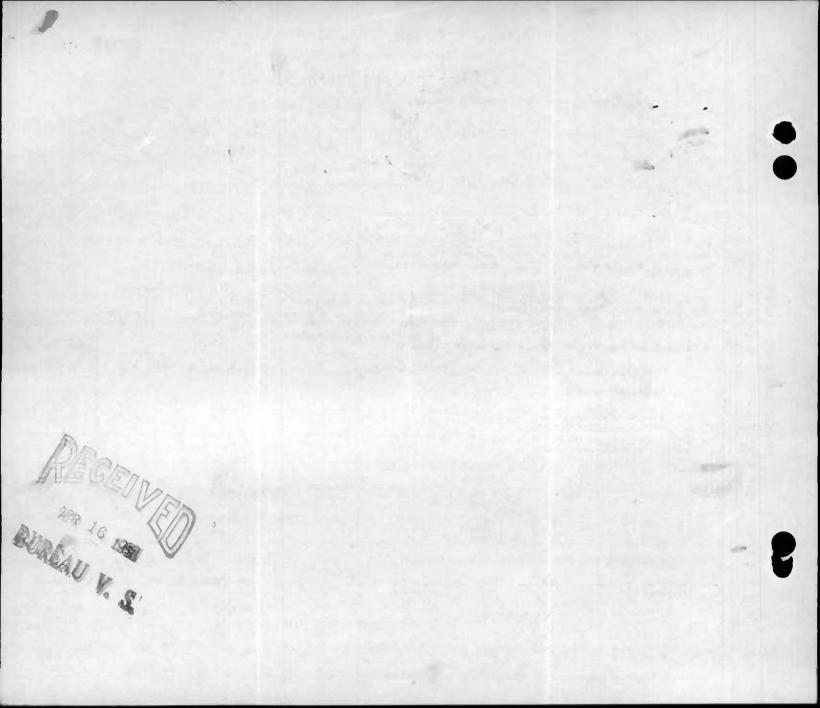
CERTIFICATE OF DEATH

Reg. Dist. No. 100

/				TONE OF STORY	
I PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (E	, CU	UNTY
	HARLES		CITY (If outside corsors	ate limits, write RURAL a	ind give nearest town)
CITY (If outside co	orporate limits, write RUR	(In this place)	I OR		
OR give nearest	PLATA	LIFE		LDORF	
HOSPITAL OR	TD.,,,0,0,0,0	SI MEMORIAL MOSPI	STREET	(If rural, give locat	ion)
INSTITUTION OF STREET ADDRESS		H, MARYLAND	ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month	h) (Day) (Year)
DECEASED			KERALL	OF DEATH APR	14 /3 1951
(Type or Print)	MANDOLPH		1 8. DATE OF BIRTH		under 1 year If under 24 hrs.
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	JUNE 18,1912	9. AGE last birthday II	onths. Days Hours Min.
MALE	WHITE-US	(Specify) MARRIED	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
done division most of	ATION (Give kind of work corking life, even if retired)	INDUSTRY TRACTOR			COUNTRY? U.S.
MECH	LANIC	AND FARM MACHINERY	MARYLAN		0.3.
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	
7		GALL	MAZIE	PICKERALL	
HRT	HUR TICKE	2 I 16 Cours Courses No.			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates	of 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDINESS S	BANGULIASE ALS
(Yes, no, or unknown)	service) WW 77		J.OWEN PIC	KERALL ; DRA	ANDYWINE, MD.
	DEC. 1942 to DEC.	1945			
			RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
			, , , , , , , , , , , , , , , , , , , ,	2	- 11/
Immediat	e cause (a)	ORONAR	Y I HROM	BOSIS ITCUT	E 1/2 Hours
		The state of the s			
100 V 11	nt cause(s)				
Diseases or	conditions, if any, (b)	0 + vide 000000 + 00 + 0 00000 + 000 0 0 0000 + 0000 0 + 0000 0 + 0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1906 98 6 00000 vibrorri 0010 0 680 0 160 0140 0 00000 0 00000 0 0000 680 0 0	######################################	
olving rise t	to the above cause underlying cause last				
	[C]	***************************************		West 400 90 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Conditions contrib	ICANT CONDITIONS buting to the death but not				
related to the diges	ase or condition causing dea	th.			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION		1000	20. AUTOPSY?
				1999	Yes 🗆 No 🛴
	16 22	CF (Hama form forten)	: (CITY OR	TOWN) (CO	UNTY) (STATE)
21. ACCIDENT SUICIDE	OF		(CITT OR	(000	(OLELE)
HOMICIDE	INJ	TURY	1	COLUMN	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CCUR?	TARTE OF THE PARTY
OF	m.	While at Not While Work At work			
INJURY					
	100- 41-4 Y -44 1 1 11	he deceased from 4/13	195/ to 4/1	3 195/ that T	last saw the deceased
22. I hereby cer	tily that I attended th	ne deceased from	, 10, W	, 10.m, that 1	and baw one deceased
	11	nd that death occurred at	\$ 30 Am from the	e courses and on the d	ate stated shows
alive on	//. 5, 19.5/, a	nd that death occurred at	ADDRESS	e causes and on the o	DATE SIGNED
SIGNATURE	0	(Degree or title)			DALL SIGNED
Jal.	4. N. Lend	eig M.D.	Hughen	elle, Md.	4/13/5/
as property cons	MATION DATE	NAME OF CEMETE		LOCATION (City, town,	or county), (State)
23. BURIAL, CREM REMOVAL (Spe		1 11.0: 0	- notice	aile T	· Va
Dull de	1/10/3	S SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
DATE REC'D BY	THE RESERVE OF THE PARTY OF THE	2 1212 7 12 7 1 1 1 1 1 1 1 1 1 1 1 1 1			
I MAN //	LOCAL INDIVINA	11/1/	111 -1 21	1 /1/10	0. 1 m. 1
REG. 4/13/S	-/ Jalia	H. Vaces	Huntl VK	you Wale	lay md

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Item #9: FUMNO. G 132 APR 30 19 CERTIFICATE OF DEATH

Reg. Dist. No. 100

3692

/							
1. PLACE OF DEATH COUNTY	4		2. USUAL RESIDENCE (I	IOME) OF DECEA	SED·	04.0.	
Cha	rlee	MARYLAND				Charles	Þ
OR give neacest TOWN	town)	(in this place)	OR TOWN	la la la	RAL and give	nearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRESS	3		STREET ADDRESS	(If rural, give	e location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year	=
DECEASED (Type or Print)	George		Thivell	OF DEATH	april	13 195	7
5. SEX \mathcal{H}	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 0 23-189/	9. AGE last hirthdi	If under I Months	year If under 24 h Days Hours Mis	
done during most of w	ATION (Give kind of work orking the, eyon if retired)	10h. KIND OF BUSINESS OR INDUSTRY FASTER	11. BIRTHPLACE (State of	r foreign country)		CITIZEN OF WHA	T
13. FATHER'S NAM		. 11	14. MOTHER'S MAIDEN	NAME 1	-		
(du	our one	uece	1 darah	for	on		
(Yes. no. or unknown)	ER IN U.S. ABMED FORCES (If yes, give war or dates service)	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
	(Bervice)	18. MEDICAL CE	DTIELCA TION	and a	-		=
I DISPASES OF CO	ONDITIONS DIRECTLY	A	RIFICATION	1		INTERVAL BETWEE	N
		relital.	Howatt.	MAE.		14-13-1	-
Immediate	e cause (a)	Courac &		10			····
giving rise to	enditions, if any, (b)	Hyperteuse	or Heart.	Dise	ase	1949	
730 stating the u	nderlying cause last (c)	C / Jen - G	ert. scle.	toses			
	CANT CONDITIONS ting to the death but not se or condition causing deat	th.					-
		FINDINGS OF OPERATION			i	20. AUTOPSY?	_
						Yes No [3
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			-
	fy that I attended th	e deceased from / 9	4.18 to 4-	13. 1951 th	at I last sa	w the deceased	-
alive on 4	-10 -1	d that death occurred at	70 A				
SIGNATURE	L /V	(Degree or title)	ADDRESS		ue dave sta	DATE SIGNED	
	L'4.6 de	len n.	Laglala	1 fle	1	7-14-5	/
23. BURIAL, CRUM- REMOVAL (Spec	ATION (DATE THERE	NAME OF CEMETE	RY OR CREMATORY 1	OCATION/City, S		(State)	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	11.	ADDRESS	1
- 4/15/51	/ Julia	H- Garey	tuitt	Kyon	Wal	loy mis	-
	U	/			820	100	

BUREAU V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3693

CERTIFICATE OF DEATH

eg. Dist. No. 105

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	01
COUNTY Chas MARYLAND	STATE may land COUNTY	Charo
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) Be (alt - (in this place)	TOWN Be alton	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS On red. To Chang	al Point
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) MADALIN	JM411 VLOOD DEATH	/8 19 5 /
5 SEY 16. COLOR OR RACE 17. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year III under 24 hrs.
WIDOWED, DIVORCED, (Specify) Mariel	JUNE 904 4 6 yrs. Months.	Days Hours Min.
TOTAL OCCUPATION (Give bind of work 10h, KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) Innostry James 1	CHARLES CO.	COUNTRY?
Havenote VIII	14. MOTHER'S MAIDEN NAME	
13. FATHER'S NAME	61ZA HAWKINS	
MISES VSRISCOE		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, layor unknown) (If year, give bey odates of service)	John mall	
	an market was a second	INTERVAL BETWEEN
IS. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY ADDITIONS OF THE PROPERTY AND ADDITIONS DIRECTLY ADDITIONS OF THE PROPERTY AND ADDITIONS DIRECTLY ADDITIONS OF THE PROPERTY ADDITIONS OF TH		
Immediate cause (a) Uremia		
Immediate cause		
Historian cause (s) Antecedent cause (s) Diseases or conditions, If any, (b) giving rise to the above cause		
1997 A sypertens	- con	
1) is eased or conditions, if any, (b) giving rise to the above cause	ppurppe c x x s s s s s s s s s s s s s s s s s	100 mm 100 diseases con ecocompensation continues
13 de stating the underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS	<u></u>	
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
19a. DATE OF OPERATION 13b. MASON TENDINGS OF OTSLETTON		
O I DIAGE (W	(CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITT OR TOWN) (COUNTY)	(SIMIE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While INJURY m. Work At work		
	51 11/18 5	
22. I hereby certify that I attended the deceased from 4/10	19.5%, to 7.6%, 19.5%, that I last s	w the deceased
alive on, 19.5, and that death occurred at	ADDRESS	DATE SIGNED
SIGNATURE (Degree of title)	ADDRESS	DATE SIGNED
Richard F. Way, M. D.	La Plata, md.	1/18/51
23. BORIAL, CREMATION DATE 20.143 NAM! OF CEMATE	FRY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL LÆEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	A theon Wold	W mil
4-17-31 11/16 1000000	The same	7 7
		/

To-as-4 31 May Will Man Man Man Wall Was a server BURRAU W. S.

5)	coal
0	6,945
	100
	1

CERTIFICAT	E OF DEATH Reg. Dist. N	o
1. PLACE OF DEATH- COUNTY CHARLES MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS MARYLAND LENGTH OF STAY (In this piace) (In this piace)	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNT CITY (If outside corporate limits, write RURAL and good TOWN BENEDICT STREET (If rural give location)	CITARLES
3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED DIVORCED		(Day) (Year) /8 195/ or 1 year If under 24 hrs. Days Hours Min.
WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME WIDOWED, DIVORCED, (Specify) INDUSTRY WIDOWED, DIVORCED, (Specify) INDUSTRY	Jule 24 -4 6 / yrs.	2. CITIZEN OF WHAT COUNTRY? U.S.
William & White 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of NO	Mary Marquite Comercy 17. NORMANT Heliamo nego	herd
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).		INTERVAL BETWEEN ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION	MORS, UTERUS	UNKNOWN.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?	Yes No D
OF While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from APRIL		saw the deceased
TOTAL (Specific)	ADDRESS ADDRESS ADDRESS AUGUST LOCATION (City, town, or court	0. 4/18/51
DATE REC'D BY LOCAL REGISTRANG SIGNATURE REG. 1-19-51 M. L. MOULE	24. FUNERAL DIRECTOR Ry Mal	Laddress m

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

52-95-1 10 LO MAN 140, WAIL 4-30-57 REGERIAL V.S.